

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) S

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Bob Smith for City Council	4		
2. Acronym or Abbreviated Name (if any)	DMINITEERS IN	3. Committee Telephor	ne Number
	The state of the same	(317) 896.	3728
4. Mailing Address (address where all campaign finance correspo	ndence is received) Che	eck if this is a new addr	ess
5. City, State, ZIP Code	Section Within the s	C Det ARRES (V.	
Westfield IN. 46079		6. Party Affiliation (if a)	6CicAN
	IATION (For Candidate's Co	mmittees Only)	CICAR
7. Full Name of Candidate (include any nickname)		Management and Assessment Control of the Control of	Independent Candidate
Robert I Coull	The could be seen and	Resubs	'ina
9. Office Sought (Include district number, if any. Not required for	exploratory committee.)	10. County of Residen	ce
Westfield City Council	To know at a second	HAM	.Cfm
TYPE OF REPO	RT	C	ONVENTION CANDIDATES O
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Pre-Primary Pre Election Annual Nomination Other			Pre-Convention Post-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Tre	asurer (within 10 days amend Statement of C	Organization)	
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(Note: these amounts include in-kind contributions and loans, as	well as cash contributions.)	lankia constitu	mage on a large entire of
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15b. Unitemized		370.0	26 370.0
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16. Add lines 13 and 15c in Column A and lines 14 and 15c in Co	olumn B TO	DTAL 3814.	66 3814.6
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(Note: These amounts include in-kind expenditures and loan repa		inspanie avenien	ilules and papternomanis).
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17b. Unitemized 17c. Add lines 17a and 17b in both columns	CUDI	OTAL 335	110 5000
Cash on hand and investments at close of this reporting period (subtraction).		220	5.45 33X3.4
	a rrc from 16 in both columns)	TOTAL 43	1,21 431.3
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dr	may be subject to civil penalties. (IC 3-9-	4-16, IC 3-9-4-17, IC 3-9-4-1	8/ E
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be Itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page_	2	of	10			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
WAYNE BEVERAGE 16656 BROWNSTONE CT.	Contributions: X Direct In-Kind (describe)	390.18	390.18	05-18-07
WESTFIELD, IN 46074	Other Receipts; Interest Loan Misc. (specify)	The includes an	Series commended	TSOSM
2 JEM LILLY 3873 CHREST POINT DR	Contributions: Direct In-Kind (describe)	204.48	204,48	08-06-07
NOBLESUILLE, LA	Other Receipts: Interest Loan Misc. (specify)	powied coch	DAMES TO SOUTH	
3.	Contributions: Direct In-Kind (describe)	AS OT-RATE DE	B CUMULATI	IMUJOS Degene
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Contributor's Occupation (if required)			Seminario es	Otto gri
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Contributor's Occupation (M required)				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN aLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of	10	

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 LANGSTON DEVELOPMENT. CO. INC 1132 S. RANGELINE RO. SUITE 100 CARMEL, IN 46032	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	500.00	effect places t	04-83-07
2 METROPOLITAN INDIANAPOLIS BOARD	Misc. (specify) Contributions:	Parada de la Area	na miser il se Lancko ett cyr	
OF REALTORS 1912 NORTH MERIONN STREET	Other Receipts:	750.00	750,00	04-20-0
INDEANAPOLIS, IN 46202	Misc. (specify) Contributions:	янго по исп	CONTRIBU	3477
1. The second second production and expression	Direct In-Kind (describe)	TIES FÉRICOS I	PERONA A SIS	U.IDD
	Other Receipts: Interest Loan Misc. (specify)	O-CT-RAIN BVID	LIUMUD S PM	Baco people
4. The state of partial bag except to 1 coveries and action and a cleb are Your stances a resilience of the state of the	Contributions: Direct In-Kind (describe)	valuation and sec	G :GBV::DBI	BIAG
	Other Receipts: Interest Loan Misc. (specify)	tem pallimona act	seller v aude ven tra Enter	0228
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TOTAL OF ALL PAGES OF SCHEDULE		\$ 1844.66		Asserted to provide



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

NSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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College State College					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION (1)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
TC CAMPAIGNS 4774 NYLACT. NOBLESVILLE, IN 46065	SIENS CITY COUNCIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	604.92	604.92	4-13-07
NOBLESUILLE DAWN THINKS 1525. NINTH ST. NORLESUILLE, IN 46064	FLOVERTISING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	241.00	241,∞	4-25-07
UN COMMUNICATIONS, IR 1429 CHASE COURT CARMELIN 46032	PRINTING MAILING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	862.58	862.58	5-02-07
CROSS RAPOS COMMUNITY HURS 14 985 GREENFIELD AVE NOBLESUILLE IN 4604	CHURCH FOR MISSIONS CITY COUNCIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	45000	450.06	6-19-07
AVC AUTO INC. 20228 HAGUE RP NORLESUILLE, IN 46062	FOR GUTTING CITY COUNCIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	450,00	45000	8.52.07
BOBBY BRENNAN'S 781 EAST MAIN ST. WESTELD, IN 4654	RESTURANT CITY COUNCIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	575.00	57500	5.8.07
TIM LILLY 3873 CNAEST POINT DR. NOBLESVILLE IN 46066	CITY COUNCIL	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200.00	200.00	4-18-07
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State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Type of Question: Statewide Lo	cal				
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A	COLUMN B CUMULATIVE	DATE OF
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

'INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT	© CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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